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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/751,289
Filing Date	January 2, 2004
First Named Inventor	Syed F.A. Hossainy
Group Art Unit	1615
Examiner Name	Casey Shea Hagopian
Attorney Docket Number	50623.363

Total Number of Pages in This Submission

10

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization                          | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Postage Paid Return Postcard                                   | <input type="checkbox"/> Drawing(s) Formal ___ Sheets with Submission of Formal         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Response to Final Office Action (7 pages)                      | <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)              | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Amendment Transmittal Letter (1 page) (in duplicate)           | <input type="checkbox"/> Request for Continued Examination Transmittal (RCE)            | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Fee Transmittal Form (1 page) (in duplicate)                   | <input type="checkbox"/> Request for Status of Application                                 |
| <input type="checkbox"/> Petition for Extension of Time (1 month) (1 page) (in duplicate)          | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Information Disclosure Statement with Form PTO-1449 citing ___ References | <input type="checkbox"/> Terminal Disclaimer (1 page)                                   |  |
| <input checked="" type="checkbox"/> Express Mail Label No. EV 721 154 655 US                       | <input type="checkbox"/> Statement of Common Ownership                                  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                    | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application                         | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                       |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Zhaoyang Li, Ph.D., Reg. No. 46,872
Signature	
Date	January 9, 2007

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below.

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**AMENDMENT TRANSMITTAL LETTER** (Large Entity)

Docket No.

**50623.363**

Applicant(s): Syed F.A. Hossainy et al.

Serial No.

**10/751,289**

Filing Date

**January 2, 2004**

Examiner

**Casey Shea Hagopian**

Group Art Unit

**1615**

Invention:

Coating For Implantable Devices And A Method Of Forming The Same

**TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

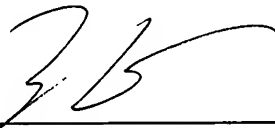
The fee has been calculated and is transmitted as show below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14	30	0	X \$50.00	\$00.00
INDEP. CLAIMS	1	6	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. **07-1850** in the amount of **\$ 0.00**  
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- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. **07-1850**  
A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.

Dated: January 9, 2007  
 Squire, Sanders & Dempsey L.L.P.  
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 San Francisco, CA 94111  
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 Zhaoyang Li, Ph.D.  
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cc: Docket: